

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3431**

FILED JAN 30 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **861**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **8 YEARS** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis State Hospital** e. STREET ADDRESS (If rural, give location) **3834 Blaine**

3. NAME OF DECEASED a. (First) **Steve** b. (Middle) _____ c. (Last) **Pelentay** 4. DATE OF DEATH (Month) (Day) (Year) **January 22, 1958**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **September 26m 1895** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BAIKPLAYER** 10b. KIND OF BUSINESS OR INDUSTRY **RETIRED** 11. BIRTHPLACE (City and State or Foreign Country) **Hungary** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Steve Pelentay** 13b. MOTHER'S MAIDEN NAME **Louise -** 14. NAME OF HUSBAND OR WIFE **Anna Pelentay**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **497-07-496** 17. INFORMANT'S SIGNATURE OR NAME **MRS ANNA PELENTAY** ADDRESS **3834 Blaine**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Undifferentiated carcinoma of rt. lower lobe of lung**
ANTECEDENT CAUSES **Probable brain metastasis resulting in right hemiparesis**
DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Probable brain metastasis resulting in right hemiparesis**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **4-11**, 19 **49**, to **1-22**, 19 **58**, that I last saw the deceased alive on **1-22**, 19 **58**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **A. Heuser M.D.** 23b. ADDRESS **5400 Arsenal Street** 23c. DATE SIGNED **1-23-58**

24a. BURIAL, CREMATION, REMOVAL **REMOVAL** 24b. DATE **1/25/58** 24c. NAME OF CEMETERY OR CREMATORY **RESURRECTION** 24d. LOCATION (City, town, or county) (State) **St Louis Mo.**

DATE REC'D BY LOCAL REG. **JAN 24 58** REGISTRAR'S SIGNATURE **Paul Smith** FUNERAL DIRECTOR'S SIGNATURE **A Howard** ADDRESS **1619 S Grand**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Penelias*.....

Licensed Embalmer No. *4283*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.